



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: BINGO MANAGER

ADDRESS OF BUSINESS: 833 W TORRANCE BLVD, TORRANCE, CA 90502

TELEPHONE: (424) 757-7985

OWNER OF BUSINESS: JESSE T MISAALEFUA

CAL. DR. LIC.# : [REDACTED]

NAME OF PERSON FINGERPRINTED: JESSE T MISAALEFUA

FICTITIOUS NAME: VAIOLEOLA CONGREGATIONAL CHURCH

MAILING ADDRESS: [REDACTED]

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control	_____	_____	_____
<input type="checkbox"/> 2. Risk Management	_____	_____	_____
<input type="checkbox"/> 3. Building & Safety	_____	_____	_____
<input type="checkbox"/> 4. Fire Department	_____	_____	_____
<input type="checkbox"/> 5. Public Health	_____	_____	_____
<input type="checkbox"/> 6. Treasurer & Tax Collector	_____	_____	_____
<input checked="" type="checkbox"/> 7. Business License Commission	_____	_____	_____
<input checked="" type="checkbox"/> 8. Sheriff Department	YES	07/25/16	tchen
<input type="checkbox"/> 9. Regional Planning Commission	_____	_____	_____
<input type="checkbox"/> 10. Weights and Measures	_____	_____	_____
<input type="checkbox"/> 11. Publishing	_____	_____	_____
<input type="checkbox"/> 12. Public Works - EPD	_____	_____	_____
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	07/25/16	tchen
<input type="checkbox"/> 14. Emergency Medical Services	_____	_____	_____

Conditions:



Los Angeles County Treasurer and Tax Collector

Application for Business License



Please note: Business License fees are NOT refundable

3531

8430

ID # 143295

Fee: \$51.00

BUSINESS INFORMATION

Type of Business: <u>BINGO (MANAGER)</u>	Address of Business: <u>833 W. TORRANCE BLVD. (TORRANCE)</u>	
Start Date (Projected):	Business Telephone:	
DBA (Business Name): <u>VAIOLEOLA CONGREGATIONAL CHURCH</u>	Mailing Address: <u>[REDACTED] NEWBURY PARK, CA 91320</u>	
Sellers Permit # (State Board of Equalization):		
Business Ownership Structure: <input type="checkbox"/> Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation:	Incorporated in the State of:	
Exact Corporate Name:		
Names of Officers	Addresses	Titles

APPLICANT INFORMATION

Applicant's Full Name: <u>JESSE TAEU MISAALEFUA</u>		
Home Address: <u>1509 E. ABRAHAM ST. CARPSON, CA 90715</u>		
Home Telephone: <u>[REDACTED]</u>	Cell Phone: <u>[REDACTED]</u>	Email address: <u>JMISAALEFUA4@GMAIL</u>
Social Security #: <u>[REDACTED]</u>	Date of Birth: <u>1/16/75</u>	Place of Birth: <u>[REDACTED]</u>
Driver's License or State ID#: <u>[REDACTED]</u>		Expiration Date: <u>2/16/13</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Height: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u>
Hair Color: <u>[REDACTED]</u>		Eye Color: <u>[REDACTED]</u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances, and regulations.

Date: 4/21/16

Applicant's Signature: [Signature]

Application taken by: N. LOVE

Date: 4/21/16

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TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

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SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: Approved

SIGNATURE: [Signature]

DATE: 7-6-16